

**Town of Hoosick
Zoning Board of Appeals
P. O. Box 17
Hoosick Falls, NY 12090**

Application Number	_____
Date Received	_____
Hearing Scheduled Date	_____
Application Fee	_____
Approved Date	_____ Conditions (y/n) _____
Denial Date	_____ Withdrawn Date _____
Zoning Chairperson	_____

Application for a Variance, Special Permit, and/or Appeal

General Information

Applicant:

Property Owner:

Name: Eamon Riley

Name: Larry Bugbee

Company: Wilson Hill Solar, LLC

Company: _____

Address: 101 Summer Street, 2nd
Floor, Boston, Ma, 02110

Address: 686 Clay Hill Rd,
Hoosick Falls, NY 12090

Phone: 845-772-2963

Phone: _____

Applicant is: Owner _____ Builder Lessee _____ Architect/Engineer _____ Agent _____ Other _____

If other, explain: _____

Lot Information

Parcel ID Number 26.-1-12.21/1

Zoning District Agricultural/Residential

Street Address of Lot 469 Wilson Hill Road

Irregular Shape of Lot (Y or N) Y Corner Lot (Y or N) N

Existing: Lot Area +/-99.52 Frontage +/-53.00 Depth +/-2,900

Setbacks: Front N/A Rear N/A Left N/A Right N/A

Proposed: Lot Area +/-99.52 Frontage +/-53.00 Depth +/-2,900

Setbacks: Front +/-1,280 Rear +/-130 Left +/-115 Right +/-540

Type of Water Service: N/A Type of Sanitary Disposal N/A

Use Information

Describe Existing Use: +/- 99.52 Acre Property consisting of vacant farmland

Describe Proposed Use: Solar Energy Facility (Tier 3)

Application Information

Check all that apply:

_____ An area variance is requested to appeal the decision of the Building Department, which denied a permit for the above property, dated _____ (submit copy of denial)

_____ A use variance is requested to appeal the decision of the Building Department, which denied a permit for the above property, dated _____ (submit a copy of denial)

A special permit is requested, as required by Hoosick Local Law No. 2 of the Year 2009 of the Town of Hoosick

_____ A formal appeal of Local Law No. 2 of the Year 2009 of Town of Hoosick

Project Description:

Briefly describe the proposal:

The proposed project includes a ground mounted photovoltaic (PV) system. The PV system is sized to generate 6.9 mW (dc) and will occupy a project area of approximately 25 +/- acres on the 99.52 +/- acre parcel. The project will involve the construction of a fixed tilt solar array that will utilize central inverter and transformer equipment all to be accessed by gravel service roads. The solar array will connect to the existing electrical grid along Wilson Hill Road. The project would be classified as a Tier 3 Solar Energy System based on the Town's Code, and therefore requires a Special Permit.

Abutters-Adjacent Property Owners:

List the name and address for each adjacent property owners. Use additional paper if needed.

	Name:	Address:	Property Use
Front:	<u>See Attached Sheet</u>	_____	_____
Rear:	_____	_____	_____
Left:	_____	_____	_____
Right:	_____	_____	_____

Required Submittals

Site Plans Attached A plot plan showing all property lines, dimensions, adjacent streets, existing structures, setback distances, and location of proposed changes.

Long Form Attached Part 1 of the State Environmental Quality Review (SEQR) Short Environmental Form

Pending Appropriate fee, as determined by the Code of the Town of Hoosick, and as calculated by the Building Department.

Note: Additional submittals may be required by the Zoning Board of Appeals. Failure to submit all required documents may result in a delay in processing or denial of the application.

Have there been any other variances issued for this property? (Y or N) N

If yes, explain:

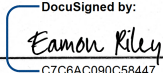
N/A

Certification and Authorization

I certify that the information contained in this application is true to the best of my knowledge and I authorize the Town of Hoosick to process this application as provided by law.

Applicant


Name: Eamon Riley

Signature: 
DocuSigned by: C7C6AC090C58447...

Date: 8/25/2023

Property Owner

Name: Larry Bugbee

Signature: 
DocuSigned by: 8FF42F01F37A487...

Date: 8/25/2023

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<p><input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.</p>	
<p><input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.</p>	
<p>_____</p> <p>Name of Lead Agency</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p>Title of Responsible Officer</p>
<p>_____</p> <p>Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p>Signature of Preparer (If different from responsible officer)</p>